

AMENDMENTS TO THE SPECIFICATION

Please replace the abstract with the following amended abstract.

-- A catheter apparatus for use in a body passage. The catheter comprises a catheter shaft and an expandable conduit defined by a filter mesh material of varying porosity mounted on the said catheter shaft. The expandable conduit has an upstream end and a downstream end, the expandable conduit having a collapsed position in which the expandable conduit is collapsed toward the catheter shaft and an expanded position in which the upstream end of the expandable conduit is open to fluid flow. The expandable conduit has an upstream sealing member at the upstream end of the expandable conduit for creating a seal between the upstream end of the expandable conduit and an internal wall of the body passage. --

Please replace the paragraph beginning at page 21, line 17 with the following paragraph.

-- Fig. 5 shows a "snowshoe" aortic diverter 200 attached to the distal end of a cannula for temporary diversion of embolic material away from the carotid arteries during cardiopulmonary bypass. For illustration purposes, the method for diverting emboli away from the carotid arteries will be described in connection with the "snowshoe" aortic diverter 200 depicted in Fig. 5. After a patient has been anaesthetized and the patient's chest has been opened in preparation for surgery, the cannula 205 with aortic diverter 200 attached to the distal end 210 of the cannula 205 is introduced into an incision made in the aorta. Alternatively, the aortic diverter 200 may be inside the cannula and advanced through the distal end 210 of the cannula 205 after the cannula 205 is introduced into the incision made in the aorta. The aortic diverter 200 is positioned in the aorta, extending over all of the openings leading to the carotid arteries, in

order to ensure that emboli do not reach the brain. The cannula 205 is sutured to the aortic wall. Then a cardioplegia cannula 230 with a balloon occluder 250 attached to its distal end 245 is introduced into another incision made in the aorta. The cardioplegia cannula 230 is sutured to the aortic wall. The balloon occluder 250 is inflated in order to block all fluid flow downstream thereof, and the cardioplegia cannula 230 then delivers cardioplegic solution through an opening 240 in its distal end into the heart, thereby causing the heart to be paralyzed. Balloon occluding may inadvertently dislodge atheromatous material from the walls of the aorta and release it into the bloodstream. However, the aortic diverter 200 prevents the atheromatous material from entering the carotid arteries. Blood from a bypass machine is introduced into the aorta through the cannula 230. cannula 210. Once surgery is complete, bypass is discontinued, and the balloon occluder is deflated, thereby releasing more atheromatous material. The aortic diverter 200 is left in position for four to ten minutes and then removed. --

Please insert the following paragraph after the description of Fig. 24A on page 15, line 20.

-- Fig. 24B depicts the flap valve of a diverter as shown in Fig. 24. --